POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*M· G*		*2/9/0*
O.I.P.E. CLASSIFIER			*309-X*
FORMALITY REVIEW		*166500*	*7-21*
RESPONSE FORMALITY REVIEW			*6-28*

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
— (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim		Date											Claim		Date											Claim		Date									
Final	Original												Final	Original												Final	Original										
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	50													100													150										

If more than 150 claims or 10 actions
staple additional sheet here

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